



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO  
BUMEDINST 1510.23  
BUMED-53  
12 Sep 2000

BUMED INSTRUCTION 1510.23

From: Chief, Bureau of Medicine and Surgery  
To: All Stations Having Medical Department Personnel

Subj: HOSPITAL CORPSMAN SKILLS BASIC PROGRAM

Ref: (a) BUMED WASHINGTON DC 262020Z Oct 95  
(b) BUMEDNOTE 5215 of 11 Feb 97  
(c) BUMED-53 Education and Training, Hospitalman Skills  
Basic resource guide

1. Purpose. Establish guidelines that will enhance operational readiness by ensuring Hospital Corpsman "A" school graduates (active and Reserve) meet basic skill competencies at their first permanent duty station.

2. Background. Reference (a) advised commands to refrain from using BUMEDINST 1510.15 as a basis for their training needs and gave guidance and direction to assist in their training requirements. Reference (b) cancelled BUMEDINST 1510.15 of 18 February 1992 (Follow-On Training for Hospital Corps Clinical Orientation (HCCO)). Requirements remain for competency in the skill areas of medication administration, intravenous therapy (including insertion), venipuncture, suturing, and patient assessment. The formalized cognitive and psychomotor learning activities that reinforce these five skill areas shall be known as the Hospital Corpsman Skills Basic (HMSB) Program. The intent of the HMSB Program is to ensure all Hospital Corpsmen gain exposure to and reinforcement of basic skills learned in "A" school, skills which may be required of them to perform their role competently in an operational setting.

3. Scope. The HMSB Program applies to all commands in receipt of entry level Hospital Corpsmen. An entry level Hospital Corpsman is defined as all E-4 and below assigned to their first permanent duty station, including those reporting directly from technical "C" schools.

4. Policy

a. Competency

(1) Hospital Corpsmen reporting to their first permanent duty station shall be placed in the HMSB Program. Competency in the five skills shall be achieved within 6 months of reporting.

(2) Reference (c) can be electronically accessed at: <http://bumed.med.navy.mil/med53/default.htm>; for those users outside claimancy 18, you will automatically be directed to a self registration site for a password. The site contains a link to this directive, the five skills and minimum objectives to be met for each, and a suggested format for competency documentation. The site also links to the Navy's telelibrary and portable document format files that contain the recommended references for establishing local HMSB Programs.

(3) Commanding officers and officers in charge (or designee) shall ensure locally developed training programs include at least the five basic skill areas and objectives discussed above, a curriculum with learning activities, and documentation of training and competency.

b. Competency evaluators must hold a professional health care license, HC NEC 8425 (Hospital Corpsman Navy Enlisted Classification 8425), or verified competency in the skill area they are evaluating.

c. Availability of training. Use of direct patient care is always preferable and shall be used whenever possible to verify skill competency.

d. Documentation. Verification of competency in the five skill areas must be documented in the member's training record via page 4 of NAVPERS 1070/604 (Rev. 7/91).

e. Failure to achieve competency. Members who demonstrate cognitive and/or psychomotor difficulty in meeting skill competency shall be given remedial training before administrative action is taken.

## 5. Action

a. Bureau of Medicine and Surgery (BUMED). Provide commands with electronic links to conduct HMSB training with current resource material via the BUMED-53 Web site at <http://bumed.med.navy.mil/med53/default.htm>.

b. Commanding Officers and Officers in Charge shall:

(1) Implement a formal HMSB program and exercise overall responsibility for the training. Appoint a HMSB manager to oversee and coordinate the program.

(2) Ensure all Hospital Corpsmen identified in paragraph 3 complete verification of competency in all of the five basic skills.

(3) Ensure locally developed training programs include at least the five basic skill areas and objectives discussed above, a curriculum with learning activities, and documentation of training and competency.

c. HMSB Manager

(1) Designate in writing, all persons eligible to evaluate competency of HMSB program students.

(2) Establish routine and continuous monitoring of individual's progress through completion of the five skills.

(3) Ensure deficiencies in clinical skills and knowledge are identified and appropriate action is taken.

(4) Use direct patient care opportunities whenever possible to accomplish HMSB competencies. Use training simulations only when direct patient care is not available.

(5) Ensure documentation of successful completion of HMSB competency in member's service record.

6. Form. Page 4 of NAVPERS 1070/604 (Rev. 7/91) form is available at <http://www.bupers.navy.mil>.

  
D. C. ARTHUR  
Deputy

Available at:  
<http://navymedicine.med.navy.mil/instructions/external/external.htm>